



Utah Department of  
**Health & Human Services**  
Integrated Healthcare

**HIPAA Transaction  
Standard Companion Guide**

**Health Care Claim Payment/Advice (835)  
ASC X12N/005010X221A1**

**17<sup>th</sup> January 2023**

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## **Disclosure Statement**

Disclosure, distribution, and copying of this guide is permitted. However, be aware that changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide is to provide information supporting a Health Care Claim Payment/Advice (835) transaction.

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey the Utah Medicaid system limitations and usage iterations.

## Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides that have been adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of an Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding Health Care Claim Payment/Advice transaction. It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N TR3 mandated by HIPAA. This Companion Guide can be accessed at <https://medicaid.utah.gov/hipaa/providers/#companion-guides>.

All References to Medicaid are used for simplicity, but other programs supported by the Utah Department of Health Division of Medicaid and Health Financing (DMHF) are also included, for example, Medicaid, CHIP, Integrated Medicaid, Baby Your Baby, and so forth.

Utah Medicaid provides services to eligible members using two coverage models:

- Managed Care Organizations (MCO) - Are Plans who provide medical, dental and behavioral health services to eligible Medicaid and CHIP members.
- Fee for Service (FFS) - Consists of all Medicaid plans where services are paid for a member who is not enrolled in an MCO or the service that is needed is not covered by the MCO plan.

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# 1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standards of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at: <https://x12.org/products>.

This section describes how the ASC X12N Implementation Guides (IG) adopted under HIPAA will be detailed with the use of tables. The tables contain a row for each segment that, due to the Utah Medicaid system limitation and business needs, may require information in addition to, or over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the IGs internal code listings.
- Clarify the use of loops, segments, composite, and simple data elements.
- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe the Utah Medicaid usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

Table 1 specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

**Table 1. Columns and Usage**

Page #	Loop ID	Reference	Name	Notes/Comments
103	1000B	N103	Identification Code Qualifier	Reports "FI" for Atypical Providers.  Reports "XX" for Non-Atypical Providers.
3	1000B	N104	Identification Code	Reports Tax ID for Atypical Providers.  Reports NPI for Non-Atypical Providers.

Page #	Loop ID	Reference	Name	Notes/Comments
107	1000B	REF01	Reference Identification Qualifier	Report "PQ" for Atypical Providers Report "TJ" for Non-Atypical Providers
108	1000B	REF02	Reference Identification	Report PRISM Provider ID for Atypical Providers. Report Tax Identification Number for Non-Atypical Providers.

### Scope

The Companion Guide addresses the Utah Medicaid technical and connectivity specifications for the Health Care Claim Payment/Advice (835) transaction. It highlights business rules, system limitations, and data requirements needed for a successful client search and response.

**Table 2. Transactions Covered by this Companion Guide**

Transactions	Versions
Health Care Claim Payment/Advice (835)	005010X221A1
Implementation Acknowledgment for Health Care Insurance (999) Interchange Acknowledgment (TA1)	005010X231A1

### Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet the Utah Medicaid processing methodology. The guide is organized in the following sections:

- Section 1 INTRODUCTION: Section includes scope, overview, references and additional information.
- Section 2 GETTING STARTED: Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and the testing process.
- Section 3 TESTING WITH UTAH MEDICAID: Section includes detailed transaction instruction on how to test with Utah Medicaid.

- Section 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS: Section includes information on Medicaid transmission procedures, and communication and security protocols.
- Section 5 CONTACT INFORMATION: Section includes Medicaid telephone numbers, mailing and email addresses, and other contact information.
- Section 6 CONTROL SEGMENT/ENVELOPES: Section includes information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.
- Section 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS: Section includes detailed transaction testing information. Web services connection is needed to send transactions.
- Section 8 ACKNOWLEDGEMENTS AND/OR REPORTS: Section includes information on all EDI reports such as 999s or TA1.
- Section 9 TRADING PARTNER AGREEMENTS: Section contains information regarding Trading Partner EDI Enrollment requirements for the 835 transaction.
- Section 10 TRANSACTION SPECIFIC INFORMATION: Section contains specific information regarding 835 transaction, system limitations, scheduled and non-scheduled system downtime notifications, holiday hours, and other information that would be helpful to Trading Partners.
- APPENDICES: This section will lay out transmission examples, frequently asked questions, an implementation checklist, business scenarios, and a change summary.

### References

- **5010 ASC X12 Technical Report Type 3 (TR3) Guides**

Due to system limitation and business needs, Utah Medicaid will identify loops, segments, and data elements to convey additional information to process electronic requests successfully.

TR3s may be purchased through Washington Publishing Company (WPC) at: <https://x12.org/products>.

- **Utah Health Information Network (UHIN) Standards and Specifications**

All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah. To access specific documents such as Standards, Technical Manuals, Specifications, and so forth, a provider must request access to <https://my.uhin.org> from UHIN.

- UHIN Home Page: <http://www.uhin.org>

- UHIN Standards:  
<https://support.uhin.org/hc/en-us/categories/360002051651-Standards>
- UHIN UTRANSEND Technical Reference Manual (TRM):  
<https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>
- UHIN EDI Enrollment Specification: <https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1>
- **Washington Publishing Company (WPC):**  
<https://www.wpc-edi.com/>
- **WPC Code List:**  
<https://x12.org/Codes>
- **CMS transaction and Code Sets Standards:**  
<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html>
- **CMS Electronic Billing and EDI Transactions Help Lines (Part A and B):**  
<http://www.cms.gov/ElectronicBillingEDITrans>
- **Accredited Standards Committee (ASC):**  
<https://x12.org/>

### **Additional Information**

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There are no regulations as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fits their business needs.

Things to consider when looking for EDI software:

1. Fees and Function – What EDI transactions are included with the software license? Examples include:
  - a. Health Care Eligibility Benefit Inquiry and Response (270/271)
  - b. Health Care Claim Status Request and Response (276/277)
  - c. Health Care Claims: Professional (837P), Institutional (837I), Dental (837D)
  - d. Health Care Claim Acknowledgment (277CA)
  - e. Acknowledgment Reports (Interchange Acknowledgement (TA1), Implementation Acknowledgment for Health Care Insurance (999))
  - f. Health Care Claim Payment/Advice (835)
  - g. Health Care Services Review - Request for Review and Response (278)

- h. Payroll Deducted and Other Group Premium Payments for Insurance Products (820)
  - i. Benefits Enrollment and Maintenance (834)
- 2. Software License – Will the license include free regulatory updates?
- 3. Technical Support – Is the installation, set-up and any subsequent assistance included with the subscription?
- 4. System Requirements – Will the software function with your current Operating System, hardware, and Practice Management software, or will new Operating System, Practice Management software, or hardware be needed?
- 5. Reports – Are data elements on received transactions viewable, for example, Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, and so forth?
- 6. UHIN provides software for their members. Contact UHIN at (877) 693-3071 for more information.
- 7. Providers that use a billing company or clearinghouse, contact the billing company or clearinghouse for software.
- 8. Proprietary software can be used provided it meets HIPAA standards and mandated CORE requirements.

## 2 GETTING STARTED

### Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. The Utah Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3, then option 4, for questions regarding provider enrollment. Provider Enrollment forms, instructions, and contact information are available on the Utah Medicaid website: <https://medicaid.utah.gov/become-medicaid-provider>.

A provider who enrolled online will receive a Welcome Letter to access provider enrollment information.

Providers who wish to submit EDI transactions directly into PRISM through PRISM screens, must select the Electronic batch option as part of the provider enrollment process. Providers must be able to create HIPAA X12 compliant transactions using their own software when submitting through the Electronic batch. An Electronic batch submission is not available for providers enrolled as a Managed Care plan.

Providers who wish to employ UHIN and use their tools and services to submit EDI claims, Client Eligibility and Response, Claim Status Inquiry and Response, Health Care Services Review - Request for Review and Response, or receive Electronic Remittance Advice may contact UHIN at (877) 693-3071 or see the UHIN EDI Enrollment Specification at: <https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1>. The Provider must ask UHIN for

membership information and how to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN).

Providers who elect to transmit or receive electronic transactions using a third party, such as a billing agent, clearinghouse, or network service, do not need to contact UHIN or acquire a TPN if the billing agent, or network service is a member of UHIN. In this case, providers must obtain the billing company's TPN to complete the Utah Medicaid EDI enrollment online.

### **Trading Partner Registration**

Utah Medicaid requires all trading partners to complete the Utah Medicaid EDI Enrollment online. Any other form of EDI Enrollment is not accepted. To become a trading partner with Utah Medicaid, visit our website at:

<https://medicaid.utah.gov/become-medicaid-provider>.

Using the information provided on the Welcome Letter (when you first enrolled to become a Utah Medicaid provider), you may access and complete or modify the EDI Enrollment. If a Welcome Letter was not received, contact Medicaid Provider Enrollment at (801) 538-6155 or (800) 662-9651, option 3, then option 4, to request one.

Providers may need to obtain the TPN for each EDI transaction from their clearinghouse or billing agency prior to EDI enrollment.

#### **For Brand New Providers – Never Validated:**

1. Acquire a Utah Identification (ID) from <https://id.utah.gov/login> if you do not have one.
  - a. Create an Account
  - b. Complete all the required fields
  - c. Set the password interval to 90 days, using the following State of Utah password requirements:
    - Minimum of 8 characters
    - Upper case letters
    - Lower case letters
    - At least 1 number
    - Special characters
2. Visit our website at: <https://medicaid.utah.gov/become-medicaid-provider>.
3. Click the PRISM Portal hyperlink.
4. Enter your Utah ID and password to log in.
5. Click the Submit Enrollment Access (Converted Providers Accessing the New PRISM System for the First Time).

6. Complete and Submit Enrollment Access form. Upon successful validation the system will redirect you to the profile selection domain page.
7. Click Manage Provider Information.
8. Complete all the validation requirements in Steps 1-3.
9. Complete all the steps for EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the Trading Partner Number (TPN) to each EDI transaction based on business needs. A different TPN may be used for each EDI transaction.
10. Click the Submit button in the last step to submit the form for processing.

**For Existing Providers – Validated:**

1. Visit our website at: <https://medicaid.utah.gov/become-medicaid-provider>.
2. Click the PRISM Portal hyperlink.
3. Enter your Utah ID and password to log in.
4. Select a Domain and Profile.
5. Click the Manage Provider Information.
6. Complete all the steps that pertain to the EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the TPN to each EDI transaction based on business needs. Different TPNs may be used for each EDI transaction.
7. Click the Submit button in the last step to submit the form for processing.
8. Training is available by clicking the link for the Provider Enrollment and EDI Enrollment tutorial: <https://medicaid.utah.gov/pe-training>.

**Certification and Testing Overview**

All payers in Utah, including Utah Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah.

All providers who wish to submit EDI transactions through UHIN must test with UHIN prior to submission of electronic transactions. Contact UHIN at (877) 693-3071 to coordinate acceptance testing.

**3 TESTING WITH UTAH MEDICAID**

Providers who wish to submit EDI transactions through the PRISM Electronic batch are not required to do testing. If a provider wants to test prior to production, send/receive Health Care Claim (837) test transactions to/from the Medicaid Test Trading Partner Number: HT000004-004 (FFS).

Providers who wish to submit/receive EDI transactions through UHIN, contact UHIN Help Desk at (877) 693-3071 for security access to their Test environment.

Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

During provider enrollment, ensure that your UHIN Trading Partner Numbers (TPN) are associated for each transaction based on business needs prior to testing with Utah Medicaid. Registration can be done through the EDI Enrollment online at the Medicaid website: <https://medicaid.utah.gov/become-medicaid-provider>. See detailed instructions under the Trading Partner Registration section.

Providers should coordinate testing with Utah Medicaid after completion of the Acceptance Testing with UHIN. For testing issues contact EDI Customer Support at [editestinggroup@utah.gov](mailto:editestinggroup@utah.gov) or call (801) 538-6155, option 3, then option 5.

Receive your test 835 transaction(s) from the Medicaid Test Trading Partner Number: HT000004-004.

Providers using the UHIN software are not required to test. Contact UHIN Member Relations Team at (877) 693-3071 for technical support.

Providers using a third-party software or practice-management software need to work directly with their software vendor for software upgrades and technical support.

## **4 CONNECTIVITY WITH THE PAYER/ COMMUNICATIONS**

Web Service connection is required to send electronic transactions through UHIN. For more information, see UHIN standards at: <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: [customerservice@uhin.org](mailto:customerservice@uhin.org).

UHIN Technical Specifications are available at: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>.

## **5 CONTACT INFORMATION**

### **EDI Customer Service**

Contact your clearinghouse or billing agent for EDI Customer Support. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at [customerservice@uhin.org](mailto:customerservice@uhin.org).

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

For additional support, Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

You may also email the EDI Customer Support team at: [HCF\\_OSD@utah.gov](mailto:HCF_OSD@utah.gov) (there is an underscore between HCF and OSD). For testing related issues, contact EDI Customer Support at [editestinggroup@utah.gov](mailto:editestinggroup@utah.gov).

**Notes:** Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

On Thursdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click:

<https://medicaid.utah.gov/utah-medicaid-official-publications>.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at:

<http://www.uhin.org>.

Utah Medicaid mailing address is:

Bureau of Medicaid Operations  
PO Box 143106  
Salt Lake City, UT 84114-3106

### **Applicable Websites/E-mail**

Utah Medicaid EDI email address: [HCF\\_OSD@utah.gov](mailto:HCF_OSD@utah.gov). (there is an underscore between HCF and OSD) and [editestinggroup@utah.gov](mailto:editestinggroup@utah.gov) (testing issues)

Utah Medicaid Web Page: <https://medicaid.utah.gov/>

Utah Medicaid Companion Guide:

<https://medicaid.utah.gov/hipaa/providers/#companion-guides>

Utah Medicaid Provider training: <https://medicaid.utah.gov/provider-training-0/>

Utah Medicaid EDI Enrollment: <https://medicaid.utah.gov/become-medicaid-provider>

Utah Medicaid Registration and EDI Enrollment Tutorial:

<https://medicaid.utah.gov/pe-training>

To sign up for the Utah Medicaid ListServ:

<https://medicaid.utah.gov/utah-medicaid-official-publications>

UHIN: <https://uhin.org>

UHIN Help Desk: [customerservice@uhin.org](mailto:customerservice@uhin.org)

UHIN Standards and Specifications: <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>

Connectivity requirements, click the UHIN website at this link:

<https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/>

To sign up to receive UHIN alerts: <https://uhin.org>

UHIN Hardware Requirements: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>

## 6 CONTROL SEGMENT/ENVELOPES

In all transactions, the ISA06 and ISA08 must contain the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default will be the TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and User ID values will be transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled. See Table 3 for proper usage and required value for various data elements in the ISA and GS segments.

### ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control number used in the ISA13 must be unique for each transaction.

### Group Control Number

To facilitate tracking and debugging, the Group Control number used in the GS06, must be unique. Table 3 identifies the values to be carried in the ISA and GS of the transaction acknowledgment.

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at: <https://support.uhin.org/hc/en-us/categories/360002051651-Standard>.

Table 3. 835 – Health Care Claim Payment/Advice Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			<b>Loop – Interchange Control Header</b>	
	<b>ISA</b>		<b>Segment – Interchange Control Header</b>	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
	ISA	ISA02	Authorization Information	10 Spaces
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
	ISA	ISA04	Security Information	10 Spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	HT000004-001 – FFS HT000004-004 – Test-FFS left justified followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	UHIN - Trading Partner ID obtained from UHIN (HTXXXXXXXX-XXX)

				PRISM Electronic batch – NPI or PRISM Provider ID
	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Will be unique for each transaction.
	ISA	ISA14	Acknowledgment Requested	Will always be reported as “1”.
	ISA	ISA15	Interchange Usage Indicator	Will report “P” for Production Data and “T” for Test Data.
			<b>Loop – Functional Group Header</b>	
	GS		<b>Segment – Functional Group Header</b>	<b>If a Trading Partner Number is shared between multiple providers, acknowledgment/response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.</b>
	GS	GS02	Application Sender's Code	HT000004-001 – FFS HT000004-004 – Test-FFS
	GS	GS03	Application Receiver's Code	UHIN - Trading Partner ID obtained from UHIN (HTXXXXXXX-XXX) PRISM Electronic batch – the Provider NPI or PRISM Provider ID

## **7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

Utah Medicaid supports Batch Health Care Claim Payment/Advice (835) transaction. Utah Medicaid will send 835 to the Billing Provider, Billing Agent/Clearinghouse or Pay to Provider nominated by the Provider at the time of ERA enrollment. Utah Medicaid will generate 835's at NPI/Provider ID level (Billing Provider/ Pay To Provider). Billing Agent/Clearing House will receive one or more 835's (NPI level) depending on their submission.

Batch 835 will be available for download on Monday evening. Batch 835 will remain available in CORE mode for a week to download.

Utah Medicaid requires a unique value in the ISA13 and GS06 for all X12 transactions.

### **Regular Scheduled System Downtime**

Utah Medicaid systems are available to process Batch transactions 24/7 except during regularly scheduled system downtime, defined as:

#### **Routine downtime**

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

#### **Non-routine downtime**

Medicaid will notify providers through the email ListServ, UHIN alerts, or message broadcast through the phone system, for unscheduled or emergency downtime, within one hour of discovery.

No response or acknowledgment will be returned during scheduled or non-scheduled downtime.

### **System Holiday Schedule**

Utah Medicaid systems are available to process Batch transactions 24 hours a day, 7 days a week, except for our regularly scheduled system downtime, as stated previously.

**Business Limitations:**

- ANSI ASC X12 835 – Health Care Claim Payment/Advice Transaction Set Companion Guide Rules

Table 4. Health Care Claim Payment/Advice Transaction Set Companion Guide Rules

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	<b>BPR</b>		<b>Segment - Segment - Financial Information</b>	
	BPR	BPR01	Transaction Handling Code	"I" (Remittance Information Only) "H" (Notification Only)
	BPR	BPR03	Credit/Debit Flag Code	"C" (Credit)
	BPR	BPR04	Payment Method Code	"ACH" (Automated Clearing House (ACH)) - EFT payment "CHK" (Check) Payment made via voucher. This value will also be used when there is no match on the warrant file for a payee. "NON" (Non-Payment Data) -Total amount paid is \$0.
	BPR	BPR05	Payment Format Code	"CCP" (Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)) Included when payment is by EFT
	BPR	BPR06	(DFI) ID Number Qualifier	<Depository Financial Institution (DFI) Identification Number Qualifier> "01" (ABA Transmit Routing Number) included when payment is by EFT
	BPR	BPR07	(DFI) Identification Number	<Sender DFI Identifier>

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				"124002890" is included for EFT payments.
	BPR	BPR08	Account Number Qualifier	"DA" (Demand Deposit) is included when payment is by EFT
	BPR	BPR09	Account Number	<Sender Bank Account Number> "153100367793" is included for EFT payments i
	BPR	BPR10	Originating Company Identifier	<Payer Identifier> "1876000545" is included when payment is by EFT
	BPR	BPR11	Originating Company Supplemental Code	"Utah Medicaid"
	BPR	BPR12	(DFI) ID Number Qualifier	<Depository Financial Institution (DFI) Identification Number Qualifier> "01" (ABA Transmit Routing Number) included when payment is by EFT
	BPR	BPR13	(DFI) Identification Number	<Receiver or Provider Bank ID Number (Bank Routing Number)> Included when payment is EFT
	BPR	BPR14	Account Number Qualifier	"DA" (Demand Deposit) is included when payment is by EFT
	BPR	BPR15	Account Number	<Receiver or Provider Account Number (Bank Account Number)> Included when payment is by EFT
	BPR	BPR16	Date	<Check Issue or EFT Effective Date>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<p>PRISM Pay Date:</p> <p>When the &lt;payment format code&gt; is "ACH" (Automated Clearing House (ACH)) or "CHK" (Check), the pay date is used.</p> <p>When the payment format code is "NON" (Non-Payment Data), 835 generation date will be used.</p>
	<b>TRN</b>		<b>Segment - Reassociation Trace Number</b>	
	TRN	TRN01	Trace Type Code	"1" (Current Transaction Trace Numbers)
	TRN	TRN02	Reference Identification	<p>Report Check/EFT number or RA Number in this field.</p> <p>If the Payment Amount is 0, report RA Number.</p>
	TRN	TRN03	Originating Company Identifier	<p>&lt;Payer Identifier&gt;</p> <p>PRISM Federal EIN/TIN preceded by 1.</p>
	<b>DTM</b>		<b>Segment - Production Date</b>	
	DTM	DTM01	Date/Time Qualifier	"405" (Production)
	DTM	DTM02	Date	<p>&lt;Production Date&gt;</p> <p>PRISM Pay Cycle Date in CCYYMMDD format.</p>
<b>1000A</b>			<b>Loop - Payer Identification</b>	
<b>1000A</b>	<b>N1</b>		<b>Segment - Payer Identification</b>	
1000A	N1	N102	Name	<Payer Name>

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				"Utah Medicaid"
1000A	N1	N103	Identification Code Qualifier	"XV" (Centers for Medicare & Medicaid Services PlanID)
1000A	N1	N104	Identification Code	<Payer Identifier> "7689677244"
<b>1000A</b>	<b>N3</b>		<b>Segment - Payer Address</b>	
1000A	N3	N301	Address Information	"PO Box 143106"
<b>1000A</b>	<b>N4</b>		<b>Segment - Payer City, State, ZIP Code</b>	
1000A	N4	N401	City Name	"Salt Lake City"
1000A	N4	N402	State or Province Code	"UT"
1000A	N4	N403	Postal Code	"841143106"
<b>1000A</b>	<b>PER</b>		<b>Segment - Payer Business Contact Information</b>	
1000A	PER	PER01	Contact Function Code	"CX"
1000A	PER	PER02	Name	"Division of Medicaid and Health Financing"
1000A	PER	PER03	Communication Number Qualifier	"TE"
1000A	PER	PER04	Communication Number	"8006629651"
1000A	PER	PER05	Communication Number Qualifier	"TE"
1000A	PER	PER06	Communication Number	"8015386155"
<b>1000A</b>	<b>PER</b>		<b>Segment - Payer Web Site</b>	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000A	PER	PER01	Contact Function Code	"IC"
1000A	PER	PER03	Communication Number Qualifier	"UR"
1000A	PER	PER04	Communication Number	medicaid.utah.gov/hearings/
<b>1000B</b>	<b>N1</b>		<b>Segment - Payee Identification</b>	
1000B	N1	N103	Identification Code Qualifier	"XX" (Centers for Medicare & Medicaid Services National Provider Identifier) use for Non-Atypical providers "FI" (Federal Taxpayer's Identification Number) use for Atypical Providers
1000B	N1	N104	Identification Code	<Payee Identification Code> National Provider Identifier or Federal Taxpayer's Identification Number.
<b>1000B</b>	<b>N3</b>		<b>Segment - Payee Address</b>	<b>Report Payee base location address</b>
<b>1000B</b>	<b>REF</b>		<b>Segment - Payee Additional Identification</b>	
1000B	REF	REF01	Reference Identification Qualifier	"TJ" (TJ Federal Taxpayer's Identification Number) "PQ" (Payee Identification)
1000B	REF	REF02	Reference Identification	Non-Atypical Providers: Report Tax Identification Number Atypical Providers: Report PRISM Provider Identifier

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
<b>2000</b>			<b>Loop - Header Number</b>	
<b>2000</b>	<b>TS3</b>		<b>Segment - Provider Summary Information</b>	
2000	TS3	TS301	Reference Identification	<Provider Identifier> Report National Provider Identifier (NPI). If not available report Provider Location Identifier (PRISM Provider ID plus 00 for the location).
2000	TS3	TS302	Facility Code Value	<Facility Type Code> This code identifies the type of facility where the services were performed. This element will be populated with the place of service or type of bill.
<b>2100</b>			<b>Loop - Claim Payment Information</b>	
<b>2100</b>	<b>CLP</b>		<b>Segment - Claim Payment Information</b>	
2100	CLP	CLP01	Claim Submitter's Identifier	For Non-pharmacy claims, report the Patient Control Number. If the Patient Control Number (CLM01) is not present on the claim, this field will be populated with 0.  For Pharmacy Claims, prescription number (RX) will be reported.
2100	CLP	CLP06	Claim Filing Indicator Code	"MC" (Medicaid)
2100	CLP	CLP07	Reference Identification	<Payer Claim Control Number>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				For Non-pharmacy claims, report 18-digit PRISM TCN
<b>2100</b>	<b>NM1</b>		<b>Segment - Patient Name</b>	
2100	NM1	NM101	Entity Identifier Code	"QC" (Patient)
2100	NM1	NM103	Name Last or Organization Name	<Patient Last Name> Beneficiary Last Name submitted from respective 837 or from the point of sale transaction.
2100	NM1	NM104	Name First	<Patient First Name> Beneficiary First Name submitted from respective 837 or from the point of sale transaction.
2100	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2100	NM1	NM109	Identification Code	<Patient Identifier> 10-digit beneficiary ID number.
<b>2100</b>	<b>NM1</b>		<b>Segment - Corrected Patient/Insured Name</b>	
2100	NM1	NM101	Entity Identifier Code	"74" (Corrected Insured)
2100	NM1	NM103	Name Last or Organization Name	<Corrected Patient or Insured Last Name> If beneficiary last name is incorrect on a submitted claim which is Paid, corrected beneficiary last name will be sent.
<b>2100</b>	<b>REF</b>		<b>Segment - Other Claim Related Identification</b>	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100	REF	REF01	Reference Identification Qualifier	"F8" (Original Reference Number) "G1" (Prior Authorization Number) "EA" (Medical Record Identification Number)
2100	REF	REF02	Reference Identification	<Other Claim Related Identifier> Order of reporting is "Original Reference Number", "Prior Authorization Number" and "Medical Record Identification Number"
<b>2110</b>			<b>Loop - Service Payment Information</b>	
<b>2110</b>	<b>REF</b>		<b>Segment - Service Identification</b>	
2110	REF	REF01	Reference Identification Qualifier	"G1" (Prior Authorization Number) "APC" (Ambulatory Payment Classification)
2110	REF	REF02	Reference Identification	<Provider Identifier> Prior Authorization Number and/or Ambulatory Payment Classification number will be returned if present on the claim.
<b>2110</b>	<b>REF</b>		<b>Segment - Line Item Control Number</b>	
2110	REF	REF01	Reference Identification Qualifier	"6R" (Provider Control Number)
2110	REF	REF02	Reference Identification	<Line Item Control Number>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Line item control number will be returned if submitted on the claim.
<b>2110</b>	<b>REF</b>		<b>Segment - Rendering Provider Information</b>	
2110	REF	REF01	Reference Identification Qualifier	"HPI" (Center for Medicare & Medicaid Services National Provider Identifier) for Non-Atypical Providers "1D" Medicaid Provider Number for Atypical Providers
2110	REF	REF02	Reference Identification	Report National Provider Identifier (NPI) for Non-Atypical providers Report PRISM Identifier for Atypical Providers
<b>2110</b>	<b>LQ</b>		<b>Segment - Health Care Remark Codes</b>	<b>PRISM will create one LQ segment for each adjustment remark code entry for a Claim.</b> <b>This segment may repeat up to 99 times.</b>
2110	LQ	LQ01	Code List Qualifier Code	"HE" (Claim Payment Remark Codes)
2110	LQ	LQ02	Industry Code	<Remark Code> Remark codes for a claim.
<b>2110</b>	<b>PLB</b>		<b>Segment - Provider Adjustment</b>	
2110	PLB	PLB01	Reference Identification	<Provider Identifier> National Provider Identifier (NPI) or Provider Location Identifier

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110	PLB	PLB03-1	Adjustment Reason Code	“IR” (Internal Revenue Service Withholding) “LE” (Levy. IRS Levy) “CS” (Adjustment) “WO” (Overpayment Recovery) “FB” (Forward Balance) “BD” (Bad Debt Adjustment)
2110	PLB	PLB03-2	Reference Identification	<Provider Adjustment Identifier> Report “Deduction Code” when reporting Internal Revenue Service Withholding Report “Deduction Code” when reporting IRS Levy Report “Gross Adjustment Code Description” when reporting Gross Adjustments Report “Warrant/EFT Number” when reporting Forward Balancing Information and Other Deductions Report “Cash Receipt Number” when reporting Overpayment Recovery Report “Receivable Number” when reporting Bad Debt Information

## 8 ACKNOWLEDGEMENTS AND/OR REPORTS

### Implementation Acknowledgment for Health Care Insurance (999) – ASC X12N/005010X231

Trading Partners are not required to return a 999 Implementation Acknowledgement for the Health Care Claim Payment/Advice (835) sent by Utah Medicaid. If an

Accepted 999 Acknowledgement is received, Utah Medicaid will reconcile and will not send another 999 Acknowledgement.

If a Rejected 999 Acknowledgement is received from Trading Partners, Utah Medicaid will research the original Health Care Claim Payment/Advice 835 transaction and will re-send a corrected file.

Contact Utah Medicaid EDI Customer Support at (801) 538-6155, Option 3, then Option 5 if a corrected file is not received.

### **Health Care Claim Payment/Advice (835) - ASC X12N/005010X221**

The 835 Remittance reports Paid and Denied claims and Provider Adjustments (PLB) only. The 835 is used to report the final financial statement of adjudicated claims.

Batch 835 will be available for download on Monday evening. Batch 835 will remain available in CORE mode for a week to download.

If an 835 transaction is not generated, contact Utah Medicaid EDI Customer Support at (801) 538-6155, Option 3, then Option 5.

The HIPAA Code List used on the 835 transaction can be accessed through the Washington Publishing Company website at: <https://x12.org/Codes>. The following are the HIPAA Code Listings used to determine Claim Status and Claim Denial reasons:

#### **Claim Adjustment Reason Code**

- a. Remittance Advice Remark Code
- b. Claim Status Category Code
- c. Claim Status Codes
- d. Entity Code

### **Health Care Claim Status Request and Response (276/277) - ASC X12N/005010X212**

Adjudicated claims not listed on the 835 are in “Suspend” status. Use the 276/277 transaction to get a status of the suspended claims. See the Companion Guide for the Health Care Claim Status Request and Response (276/277) transaction for more information.

## **9 TRADING PARTNER AGREEMENTS**

Contact UHIN at: <https://uhin.org> or call (877) 693-3071 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit or receive electronic transactions using a third-party such as a billing agent, clearinghouse, or network service may not need to contact UHIN to acquire a TPN if the billing agent, clearinghouse, or network service has obtained a TPN on their behalf.

Providers who elect to submit or receive electronic transactions through the PRISM Electronic Batch screen do not need to contact UHIN to acquire a TPN. Providers must use their PRISM Provider ID or NPI as the TPN in their electronic transactions.

Providers who wish to exchange electronic transaction with Medicaid must complete a provider enrollment application through PRISM, including all EDI steps.

If submitting through a billing agent, clearinghouse or UHIN, associate the TPN to each transaction (based on business needs). Different TPNs may be used for each transaction excluding 835, 834 and 820. For PRISM Electronic Batch submission, identify the transactions to be submitted through this method.

Utah Medicaid does not offer EDI software. It is the responsibility of the Provider to procure software capable of generating an X12 transaction that is compatible with their Practice-Management software to meet their business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides software for UHIN members and it can be downloaded from <https://uhin.org>. For assistance with the download, contact UHIN at (877) 693-3071.

Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software. Proprietary software can be used provided it meets HIPAA standards and the CAQH CORE Operating Rules requirements.

## 10 TRANSACTION SPECIFIC INFORMATION

The information under this section is intended to help the trading partner understand the business context of the 835 transactions, where applicable.

The Health Care Claim Payment/Advice (835) reports Paid, Denied claims and Provider Adjustments (PLB) only. It is used to report the final financial statement of adjudicated claims.

The 835 is available for download on Monday evening and will remain available for pickup for one month.

Suspended claims are not reported on the 835 transaction. For status of suspended claims, submit a Health Care Claim Status Request and Response (276/277) transaction. The 276/277 transactions are available in both real time and batch. See the Companion Guide for the 276/277 transactions for more details.

The Patient Control Number submitted in the 837 transaction is used in the 835 transaction for ease of matching payments to claims. For Pharmacy Claims, prescription number (RX) will be reported.

Denial codes used in the 835 transaction are the Claims Adjustment Reason Codes and Remittance Advice Remark Codes available through the Washington Publishing Company website at: <http://www.wpc-edi.com/reference/>. For Pharmacy Claims, the NCPDP rejection codes will be reported.

Payment adjustments not specific to a claim are reported under the Provider Adjustment (PLB) segment. Adjustments reported in the PLB segment of the 835 decreases the payment when the adjustment amount is positive and increases the payment when the adjustment amount is negative. Provider should ensure reports generated from the 835 transaction contain all essential data elements (including the PLB segments) and denial and remark reasons. Verify with your software vendor whether the PLB segment of the 835 transaction is translated and reported as it is an integral part when balancing the 835.

For an 835 transaction to balance, the sum of all submitted charges minus the sum of all provider adjustments must equal the total payment amount.

If an 835 transaction is not generated, contact Utah Medicaid EDI Customer Support at (801) 538-6155, Option 3, then Option 5.

Providers, billers, and clearinghouses must receive 835 transactions using the submitter TPN, HT000004-001 (FFS).

For Outbound Transactions, colon (:) in any non-composite fields will be replaced with a space before submitting the file to providers.

### **Medicaid Trading Partner Numbers (TPN)**

Providers must receive 835 transactions from the following mailbox:

**HT000004-001**

Test Trading Partner Number:

**HT000004-004**

## APPENDICES

### Appendix A – IMPLEMENTATION CHECKLIST

1. Acquire a Utah ID at <https://id.utah.gov/login>.
2. Create an account (username and password).
3. Enroll as a Utah Medicaid Provider.
4. Acquire a Trading Partner Number from billing agent, clearinghouse, or UHIN (Not applicable to PRISM Electronic Batch).
5. Register transactions to be submitted to Utah Medicaid.
6. Register Trading Partner Number online with Utah Medicaid (billing agent, clearinghouse, or UHIN).
7. Contact UHIN for Acceptance Testing and Connectivity testing (billing agent, clearinghouse, or UHIN Submission).
8. Test with Utah Medicaid.
9. Go live with Utah Medicaid.

### Appendix B – BUSINESS SCENARIOS

This appendix will be populated when content is available.

### Appendix C – FREQUENTLY ASKED QUESTIONS

Here is a compilation of questions and answers relative to Utah Medicaid and its providers.

1. Is there an EDI enrollment requirement to utilize the electronic Remittance Advice (835)?

Yes. In order to successfully exchange electronic data like the electronic Health Care Claim Payment/Advice (835) transaction, providers must submit an EDI Enrollment and provide a Trading Partner Number that would receive the electronic remittance advice. See Section 9 – Trading Partner Agreement for more information.

EDI Enrollment link to register:

<https://medicaid.utah.gov/become-medicaid-provider>

EDI Enrollment Tutorial:

<https://medicaid.utah.gov/pe-training>

2. Does Utah Medicaid require a 999 Acknowledgements when provider receives the electronic Advice (835)?

Utah Medicaid does not require providers to return a 999 Implementation Acknowledgement for Health Care Insurance when an electronic 835 is sent. If a 999 Acknowledgment is returned, Utah Medicaid will reconcile it back to the 835.

3. What is the Connectivity Requirements for Utah Medicaid?

UHIN serves as the front end to Utah Medicaid for electronic file submission. For information on connectivity requirements, see UHIN standards at <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>, under Standards and Specifications.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: [customerservice@uhin.org](mailto:customerservice@uhin.org).

UHIN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through UHIN.

For complete information on the Connectivity requirements, go to the UHIN website: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/>

UHIN serves as the front end to Utah Medicaid for electronic file submission. For information on connectivity requirements, see UHIN standards at <https://uhin.org>, under Standards and Specifications.

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UHIN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through UHIN.

For complete information on the Connectivity requirements, click UHIN's website at the following link: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/>

4. Who do I contact for EDI Customer Support?

Contact your clearinghouse or billing agent for EDI Customer Support. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at [customerservice@uhin.org](mailto:customerservice@uhin.org).

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

For additional support, Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

You may also email the EDI Customer Support team at: [HCF\\_OSD@utah.gov](mailto:HCF_OSD@utah.gov) (there is an underscore between HCF and OSD). For FFS testing related issues, contact EDI Customer Support at [editestinggroup@utah.gov](mailto:editestinggroup@utah.gov).

**Notes:** Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

On Thursdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click: <https://medicaid.utah.gov/utah-medicaid-official-publications>.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: <http://www.uhin.org>.

Utah Medicaid mailing address is:

Bureau of Medicaid Operations  
PO Box 143106  
Salt Lake City, UT 84114-3106

## Appendix D – LEGEND

Table 5 provides the color legend for Table 3 and Table 4.

**Table 5. Legend of Colors**

This color signifies a Loop information.
This color signifies a Segment within a Loop.
This color signifies a Composite Element within a Segment.

**Appendix E – CHANGE SUMMARY**

<b>Date</b>	<b>Description</b>	<b>Change Summary</b>
02/26/2021	Final Submission	N/A
01/17/2023	Final Submission	N/A